

City of Cochran
2025 Roofs, Windows, and Doors Program application

1. **Date and Time:** _____

2. **Name of Applicant:** _____

3. **Applicant Phone Number:** _____

Person and number to contact if we cannot reach you: _____

4. **Street address of applicant:** _____

5. **City, State, Zip Code:** _____

6. **Do you own your home?** _____ yes _____ no

7. **What is the estimated annual income of household?** _____

8. **Source of Income** (check all that apply, documentation will be required prior to review of your application).

- 1. Wages _____
- 2. Self Employment _____
- 3. Social Security _____
- 4. Other _____

9. **Number of people in household and their ages:** _____

10. **Participation in this program may result in you having to temporarily move out of your home during construction work.** If you must move out of your home, would you be able to live somewhere else? Please explain where you would be able to live during construction.

11. **Please attach to this application a copy of the property owner's valid photo I.D.**

12. **Applicant signature and Date:** _____
Signature Date

FOR OFFICE USE ONLY:

- 1. Date and Time completed application was received: _____
- 2. Property is located within City limits _____yes _____no
- 3. Applicant is at or below 80% AMI? _____yes _____no